

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

46P

07199

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Rural-Robbins
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred:
Rural-Robbins

How long in hospital or institution? - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural-Robbins
(If outside city or town limits, write RURAL and give nearest town)Street No. Robbins
(If rural, give LOCATION)

2.(a) If veteran, name war - - - -

3.(a) FULL NAME

James W. Booze

3.(b) Social Security Number

-

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed SINGLE

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 16, 18728. AGE: Years Months Days If less than one day
75 11 2 hrs. min.9. Birthplace Robbins, Dor. Co., Md.
(Town, county, and state)10. Usual occupation Laborer11. Industry or business II12. Name George W. Booze13. Birthplace Maryland14. Maiden name Eliza Andrews15. Birthplace Maryland16. Informant Mrs. Rufus Robbins,Address Robbins, Dor. Co., Md.17. Burial Date thereof July 21, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Sandy Island CemeteryLocation Robbins, Dor. Co., Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. July 20, 1948 John MacFarlane
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1948 at 8:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

X 19....., to X 19.....and that I last saw h. alive on X 19.....Immediate cause of death Carcinoma Liver

DURATION

Due to several months

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ja. K. Shriver, Dep. Med. Exam.
M. D. or otherAddress Cambridge, Md. Date signed July 19, 1948

RECEIVED

JUL 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH

County HowardCity or town Secretary
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County HowardCity or town Secretary
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(c) If veteran, name War

3. (a) FULL NAME

Robert Leon Bradshaw

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

June 28 1907

6. (c) If alive, give age

8. AGE:

47 Years 1 Months 3 Days If less than one day

9. Birthplace

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal? Which?)

Date thereof Aug 3 1948
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. Aug 4 19 48
(Date rec'd by registrar)Elizabeth C Smith
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1948 at 12:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 8 1947 to July 24 1948and that I last saw him alive on July 24 1948

Immediate cause of death

metastatic cancer of
liver

DURATION

1 mo

Due to

Lympho carcinoma of
testicle18 mo

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Lympho ca testicle
Date of op. Dec 1946

Autopsy results

not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

William Hammond
M. D. or otherAddress Easton MD Date signed Aug 1 48

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AUG 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83a

07201

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 months, 4 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 5 months, 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Rock Hall
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Edward Fernandez Brady

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Marthie Miller7. Birth date of deceased (mo., day, yr.) November 9, 1871 6. (c) If alive, give age _____ years8. AGE: Years 76 Months 7 Days 28 If less than one day _____ hrs. _____ min.9. Birthplace Rock Hall, Maryland
(Town, county, and state)10. Usual occupation waterman

11. Industry or business _____

12. Name Henry Brady13. Birthplace Germany14. Maiden name unknown15. Birthplace unknown16. Informant Eastern Shore State Hospital RecordsAddress Cambridge, Maryland17. Burial Date thereof July 9, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Wesley ChapelLocation Rock Hall Maryland18. Funeral director Martin V. WilliamsAddress Charleston Maryland19. July 8 19 48 John Grace, Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 19 48 at 9 a. m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 4 19 48 to July 8 19 48 and that I last saw him alive on July 8 19 48

Immediate cause of death _____

Cerebral hemorrhage

Due to _____

Cerebral arteriosclerosis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

SIGNATURE Grace M. Branscombe, M.D.
Address Cambridge, Maryland Date signed 7/8/48

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JUL 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
City or town Vienna A.F.D. 2
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 yrs
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town Fork Neck md
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rt 20 No 3 Cambridge
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Doris S Chadp

3. (b) Social Security Number

4. Sex female 5. Color or race col 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife William Chadp
Sept 18 1895 6.(c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) 1

8. AGE: Years 52 Months Days If less than one day hrs. min.

9. Birthplace Thompson town Dorc
(Town, county, and state)

10. Usual occupation House work

11. Industry or business

12. Name John D. Henry

13. Birthplace Dorchester Co

14. Maiden name Susan Thompson

15. Birthplace Dorchester Co

16. Informant William Chadp

Address Vienna A.F.D. 2

17. Burial Date thereof July 4 / 48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Fork Neck md

18. Funeral director Sevill R. Bayne

Address Cambridge Md

19. July 9, 1948 John M. J. D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4 1948 at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1948 to July 6 1948
and that I last saw her alive on July 6 1948

Immediate cause of death Apoplexy Cerebral DURATION

Due to Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE Hugh Brown MD M. D. or other

Address Cambridge Md Date signed 7/9/48

RECEIVED

JUL 10 1948

BUREAU V. 3.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83a

07203

116

Reg. Dist. No.

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 27 Years

Hospital, institution, or street address where death occurred:

208 Locust StreetHow long in hospital or institution? ---

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 208 Locust Street

(If rural, give LOCATION)

2.(a) If veteran, name war ---

3.(a) FULL NAME

Mary Laurina Clayton

3.(b) Social Security Number

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Widowed</u>
-------------------------	----------------------------------	---

6.(b) Name of husband or wife <u>John M. Clayton</u> (Died Oct. 11, 1929)	6.(c) If alive, give age _____ years
---	--------------------------------------

7. Birth date of deceased (mo., day, yr.) March 23, 1866

8. AGE:	Years	Months	Days	if less than one day
	<u>82</u>	<u>3</u>	<u>10</u>	_____hrs. _____min.

9. Birthplace Hoopersville, Dor. Co., Md.
(Town, county, and state)10. Usual occupation ---11. Industry or business ---12. Name John T. Simmons13. Birthplace Maryland.14. Maiden name Meekins15. Birthplace Maryland.16. Informant Mr. Ellison ClaytonAddress Cambridge, Maryland.17. Burial Date thereof July 5, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Cambridge CemeteryLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. July 7, 1948 John Macej. m.d.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3, 1948 at 6:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-10-48 to July 3, 1948 and that I last saw him alive on July 3, 1948Immediate cause of death RIGHT CEREBRAL HEMORRHAGE

DURATION

3 days.Due to GENERALIZED ARTERIOSCLEROSISDue to SENILITYOther conditions RHEUMATOID ARTHRITIS

(Include pregnancy within 3 months of death)

Major findings of operations NO

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: NO.

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury --- Injured at work? ---23. SIGNATURE Cambridge Md M.D. or other July 5, 1948

Address _____ Date signed _____

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JUL 8 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

07204

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: **Dorchester**
 County.....
 City or town..... **Cambridge**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **10 yrs.**
 Hospital, institution, or street address where death occurred:
153 Washington St.
 How long in hospital or institution? **X**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Maryland** County **Dorchester**
 City or town..... **Cambridge**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **153 Washington St.**
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... **X**

3. (a) FULL NAME
Curlett F. Ennals

3. (b) Social Security Number

4. Sex **male** 5. Color or race **colored** 6. (a) Single, married, widowed, or divorced **married**
 6. (b) Name of husband or wife **Maggie Hollis**
 6. (c) If alive, give age **48** years
 7. Birth date of deceased (mo., day, yr.) **November 23, 1893**
 8. AGE: Years **54** Months **8** Days **5** If less than one day
 hrs. min.

9. Birthplace **Maryland**
 (Town, county, and state)
 10. Usual occupation **Laborer**
 11. Industry or business **Saw mill**
 12. Name **Joseph Ennals**
 13. Birthplace **Md.**
 14. Maiden name **Mary Pinder**
 15. Birthplace **Md.**

16. Informant **Maggie H. Ennals**
 Address **153 Washington St. Cambridge**
 17. **Burial** Date thereof **July 31, 1948**
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory **Bethel Cemetery**
 Location **Bethel, Cambridge, Md.**
 18. Funeral director **Louis N. Bayne**
 Address **Cambridge, Md.**
 19. **July 31, 48** **John Mace, Jr. M.D.**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **July 28, 1948** at **3-45 P.**
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
X X 19... to **X X** 19...
 and that I last saw h..... alive on **X X** 19...

Immediate cause of death
Cerebral Haemorrhage
 DURATION **week**
 Due to **X**
 Due to **X**
 Other conditions **X**
 (Include pregnancy within 3 months of death)

Major findings of operations.....
 Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE **John H. Shivers** **Dep. Med. Exam.**
 M. D. or other
 Address **Cambridge, Md.** Date signed **July 28/48**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 2 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

CERTIFICATE OF DEATH

Reg. Dist. No. 110

07205

1. PLACE OF DEATH:

County Dorchester
 City or town Hurlock - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 30 years
 Hospital, institution, or street address where death occurred:
Near Beulah
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Hurlock - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Beulah
 (If rural, give LOCATION)
 2(a) If veteran, name war World War I

3. (a) FULL NAME

William L. Fletcher

3. (b) Social Security Number

216-03-7216

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Willie Mae Fletcher6. (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.)

May 13, 1889

8. AGE:

Years

Months

Days

If less than one day

5929

hrs.

min.

9. Birthplace

Hurlock County, Maryland
(Town, county, and state)

10. Usual occupation

Day laborer

11. Industry or business

Farm

MOTHER FATHER

12. Name

Starrett Fletcher

13. Birthplace

Dorchester County, Maryland

14. Maiden name

Elizabeth Green

15. Birthplace

Dorchester County, Maryland

16. Informant

Mrs. Ernestine Jenkins

Address

Hurlock, Maryland, R.T.D.

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof July 26, 1948
(month) (day) (year)

Cemetery or crematory

John's Cemetery

Location

Near Preston, Maryland

18. Funeral director

J. J. Frawmpton and Son

Address

Federalburg, Maryland

19.

July 26, 1948
(Date received by registrar)Chas W Haselings
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 19 48 at 4:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 45 to July 22 19 48
and that I last saw him alive on July 20 19 48

Immediate cause of death

General arteriosclerosis

DURATION

5 yrs +Due to Diabetes Mellitus5 yrs +

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. L. Harrison MD

Address

Hurlock Md.

Date signed

7/26/48

RECEIVED

JUL 30 1948

BUREAU V. 8.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

07206

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 35 YearsHospital, institution, or street address where death occurred:
115 Choptank AvenueHow long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 115 Choptank Avenue
(If rural, give LOCATION)2.(a) If veteran, name war - - - - -

3.(a) FULL NAME

Charles E. Fountain

3.(b) Social Security Number

- - -

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Widowed</u>
-----------------------	----------------------------------	---

6.(b) Name of husband or wife Annie LeCompte
(Died Jan. 1945)7. Birth date of deceased (mo., day, yr.) Sept. 16, 1866

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>10</u>	<u>2</u>	<u>-</u> hrs. <u>-</u> min.

9. Birthplace Linkwood, Dor. Co., Maryland.
(Town, county, and state)10. Usual occupation Retired Farmer11. Industry or business II12. Name Zebulon Fountain13. Birthplace Maryland14. Maiden name Sarah Barnett15. Birthplace Maryland16. Informant Mr. Hugh FountainAddress Cambridge, Maryland17. Burial Date thereof July 21, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. July 22, 1948 John Mace Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1948 at 3:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 13, 1948 to July 18, 1948
and that I last saw him alive on July 18, 1948Immediate cause of death Myocardial failure DURATION 1 day
Due to arterio-sclerotic nephritis & who
Due to arterio-sclerotic H.D. unknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence Maryanov M.D. M. D. or otherAddress Cambridge, Md. Date signed 7/24/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07207

Reg. Dist. No. 116

1. PLACE OF DEATH:

County... DorchesterCity or town... Rural Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5yrs 6mos 4days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 5yrs 6mos 4days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... KentCity or town... Chestertown
(If outside city or town limits, write RURAL and give nearest town)Street No. 516 Cannon Street
(If rural, give LOCATION)

2. (a) If veteran, name war...

3. (a) FULL NAME

CARRIE GALE

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife... James D. Gale

7. Birth date of deceased (mo., day, yr.)

6/23/746. (c) If alive, give age... 51 years

8. AGE:

Years

Months

Days

If less than one day

740024

hrs.

min.

9. Birthplace... Baltimore, Maryland
(Town, county, and state)10. Usual occupation... Housewife

11. Industry or business

12. Name... First name Unknown, last name "Dahl"13. Birthplace... Germany14. Maiden name... Unknown15. Birthplace... Unknown16. Informant... Eastern Shore State Hosp. RecordsAddress... Rural Cambridge Maryland17. Burial Date thereof... 7-19-48
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory... Eastern Shore State HospitalLocation... Cambridge Md18. Funeral director... Reinhold R. ShoupAddress... Cambridge Md19. July 21, 48 John Mace, Jr. Md
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... July 17th 1948 19... at 6:25 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
January 13th 19... 43 to July 17th 19... 48and that I last saw him... alive on July 17th 1948 19...Immediate cause of death... Arteriosclerosis with cardio-vascular disease

DURATION

15yearDue to... SenilitySenile Psychosis, delirious and confused type

DURATION

6years

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, publc place (where?)

Means of injury

Injured at work?

23. SIGNATURE...

M. D. or other

Address... Cambridge Md Date signed... 7/7/48

RECEIVED
JUL 23 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1860

07208

Reg. Dist. No. 67

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Dorchester
 City or town Rhodesdale - Rural
 (if outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Brookview - Rhodesdale Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Rhodesdale - Rural
 (if outside city or town limits, write RURAL and give nearest town)
 Street No. Brookview - Rhodesdale Road
 (if rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Bertie W. Henry

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife -
 6.(c) If alive, give age - years
 7. Birth date of deceased (mo., day, yr.) July 3, 1935
 8. AGE: Years 63 Months 0 Days 15 If less than one day
 hrs. min.

9. Birthplace Dorchester County, Maryland
 (Town, county, and state)
 10. Usual occupation Housework
 11. Industry or business None

12. Name Daniel E. Henry
 13. Birthplace Dorchester County, Maryland
 14. Maiden name Rebecca Orinfield
 15. Birthplace Dorchester County, Maryland

16. Informant Mrs. Maude H. Jacobs
 Address Rhodesdale, Maryland, R.F.D.

17. Burial Date thereof July 20, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory McKendree Cemetery
 Location Near Rhodesdale, Maryland

18. Funeral director J. J. Frampton
 Address Federalburg, Maryland

19. July 20 1948 J. J. Frampton
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1948 at 10 A.
 21. I CERTIFY that death occurred on the date above stated; that after death occurred from Jaune 1 1948 to July 18 1948
 and that I last saw her alive on July 16 1948
 Immediate cause of death Fracture neck of femur DURATION 2 months

Due to Arterio sclerosis
 Other conditions Arterio sclerosis
 (Include pregnancy within 3 months of death)

Major findings of operations - Date of op. -

Autopsy results -
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of July 22/48
 Where did injury occur Near Brookview Dorchester MD
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Home
 Means of injury Fall Injured at work? at home

23. SIGNATURE J. S. Kuhlman M.D.
Frampton MD
 Address Frampton Date signed 7/19/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

159

07209

Reg. Dist. No. 11 2

1. PLACE OF DEATH:

County Dorchester
 City or town Rhodesdale, Md. R.D.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life time
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Dorchester
 City or town Rhodesdale, Md. R.D.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. n.c. Big Mill
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Sylvester Johnson

3. (b) Social Security Number

4. Sex M 5. Color or race C 6.(a) Single, married, widowed, or divorced single
 6.(b) Name of husband or wife _____
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) July 30 1948
 8. AGE: Years _____ Months _____ Days _____ If less than one day _____ 5 hrs. 30 min.
 9. Birthplace Rhodesdale, Md. R.D.
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Elmer Lee
 13. Birthplace Cordtown, Md.
 14. Maiden name Marian Johnson
 15. Birthplace Vienna, Md.
 16. Informant Marian Johnson
 Address Rhodesdale, Md. R.D.
 17. Burial Date thereof 7-31-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory On farm where family lives
 Location Rhodesdale, Md. R.D.
 18. Funeral director Grandmother - Etta Johnson
 Address Rhodesdale, Md. R.D.
 19. August 13 1948 Elizabeth J. Graft
 (Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 31 1948, at 1 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19_____, to _____ 19_____,

and that I last saw him _____ alive on _____ 19_____,

Immediate cause of death _____ DURATION _____

Prematurity (7 mos.)

Due to _____

Due to _____

Other conditions _____

Delivered by midwife

(Include pregnancy within 3 months of death)

not seen by physician before death.

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

Injured at work? _____

Injured at work? _____

Injured at work? _____

Injured at work? _____

Injured at work? _____

Injured at work? _____

Injured at work? _____

Injured at work? _____

Injured at work? _____

Injured at work? _____

RECEIVED

AUG 14 1943

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

45d

07210

Reg. Dist. No. 111

1. PLACE OF DEATH:

County Baltimore
 City or town East New Market Road
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County DC

City or town East New Market Rd
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Rural
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Elizabeth O. Jones

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Colored

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Eli Jones

7. Birth date of deceased (mo., day, yr.)

June 13 1896

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>1</u>	<u>17</u>	<u>hrs. min.</u>

9. Birthplace

East New Market
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

John Jones

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Eli Jones

Address

East New Market Rd

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof

8/11/48
(month) (day) (year)

Cemetery or crematory

Greenwood Cemetery

Location

East New Market

18. Funeral director

E. B. Wilson

Address

East New Market19. 7/31 19 48

(Date rec'd by registrar)

Elizabeth C. Smith

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 30 1948 at 9:00 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1 1948 to July 28 1948and that I last saw him/her alive on June 1 1948

Immediate cause of death

Calcification of jaw

DURATION

1 yr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Edwin L. Smith

Address

CombridgeDate signed 7-30-48

RECEIVED

AUG 18 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 23 days
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? 23 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne's County
 City or town Willington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Viola Johnson Jones

3. (b) Social Security Number

none

4. Sex Female	5. Color or race White	6. (a) Single, married, widowed, or divorced Widow
6. (b) Name of husband or wife <u>James Jones</u>		
7. Birth date of deceased (mo., day, yr.) <u>October 20, 1868</u>		
8. AGE: Years <u>79</u>	Months <u>9</u>	Days <u>2</u> If less than one day _____ hrs. _____ min.
9. Birthplace <u>Chester, Maryland</u> (Town, county, and state)		
10. Usual occupation <u>Housewife</u>		
11. Industry or business <u>Unknown</u>		
12. Name <u>William E. Johnson</u>		
13. Birthplace <u>Virginia</u>		
14. Maiden name <u>Unknown Mary E. House</u>		
15. Birthplace <u>Annamdel Co Md</u>		

16. Informant Eastern Shore State Hospital RecordsAddress Cambridge, Maryland17. Burial Date thereof July 24 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory StevensvilleLocation Stevensville Maryland18. Funeral director T. Barton T. BrownAddress Croftersville Maryland19. July 24 1948 John Mace J. M. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 19 48 at 10:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 30 19 48 to July 22 19 48
 and that I last saw him/her alive on July 22 19 48

Immediate cause of death
Arteriosclerotic Cardiovascular Disease

Due to Senility

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

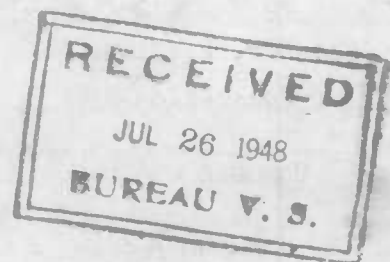
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE _____ M. D. or other _____

Address Cambridge Md Date signed July 23/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07212

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 Years

Hospital, institution, or street address where death occurred:

415 Maryland AvenueHow long in hospital or institution? - - - -2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. 415 Maryland Avenue
(If rural, give LOCATION)2. (a) If veteran, name war - - - -

3. (a) FULL NAME

Augustus B. LeCompte

3. (b) Social Security Number

-

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Neillie Reed Died 11/1891Edgar D. McKnett " 4/1898Emma Cochran " 10/19387. Birth date of deceased (mo., day, yr.) March 16, 18628. AGE: Years 86 Months 4 Days 6 If less than one day hrs. min.9. Birthplace ?Salem, Dor. Co., Md.
(Town, county, and state)10. Usual occupation Retired Farmer

11. Industry or business

12. Name Thomas J. LeCompte13. Birthplace Maryland14. Maiden name Mary Ann Handley15. Birthplace Maryland16. Informant Mrs. R. Edward ThomasAddress Cambridge, Maryland17. Burial Date thereof July 24, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. July 26, 1948
(Date rec'd by registrar)John Mace Jr.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22, 1948 at 11:40 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him in alive on July 22, 1948
Immediate cause of death Myocardial InfarctionDURATION 2 hrsDue to Coronary Renal Vascular DiseaseDue to same

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations noneDate of op. noneAutopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of noneWhere did injury occur? none
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) noneMeans of injury none Injured at work? none

23. SIGNATURE

John Mace Jr.
M.D. or other none
Date signed July 23, 1948

RECEIVED

JUL 28 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

07213

94a

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 45 Years
Hospital, institution, or street address where death occurred:
8 West End Avenue
How long in hospital or institution? - - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 8 West End Avenue
(If rural, give LOCATION)
2.(a) If veteran, name war - - - - -

3.(a) FULL NAME John R. Maguire

3.(b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Margaret E. Leonard-1914
Gertrude E. Johnson 6.(c) If alive, give age 59 years
7. Birth date of deceased (mo., day, yr.) May 11, 1861.
8. AGE: Years 87 Months 2 Days 4 If less than one day
.....hrs.min.

9. Birthplace James Island, Dor. Co., Md.
(Town, county, and state)
10. Usual occupation Carpenter-Retired
11. Industry or business II II

12. Name John Maguire
13. Birthplace Maryland
14. Maiden name Susan Wilson
15. Birthplace Maryland

16. Informant Mrs. Gertrude J. Maguire
Address Cambridge, Maryland.

17. Burial Date thereof July 18, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Christ Church Cemetery
Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service
Address Cambridge, Maryland.

19. July 19, 1948 John Mac, Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15, 1948 at 8:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
X X 1948, to X X 1948
and that I last saw him alive on X X 1948

Immediate cause of death
Disease of Coronary Arteries DURATION several months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

SIGNATURE John H. Shriver, Dep. Med. Comm.
M. D. or other

Address Cambridge, Md. Date signed July 18/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07214
116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 40 Years

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? 5 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 105 West End Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

William J. Mowbray

3. (b) Social Security Number

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
-----------------------	----------------------------------	--

6. (b) Name of husband or wife Eva Jane Henry6. (c) If alive, give age 64 years7. Birth date of deceased (mo., day, yr.) July 25, 1884

8. AGE: Years <u>63</u>	Months <u>11</u>	Days <u>16</u>	If less than one dayhrs.min.
----------------------------	---------------------	-------------------	--

9. Birthplace Thompson Station, Dor. Co., Md.
(Town, county, and state)10. Usual occupation Masonry Contractor11. Industry or business Retired12. Name John Mowbray13. Birthplace Maryland14. Maiden name Annie Pattison15. Birthplace Maryland16. Informant Mrs. Eva H. MowbrayAddress Cambridge, Maryland17. Burial Date thereof July 9, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. July 10, 1948 of John Mowbray, Jr. M.D.
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1948, at 8: P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 2nd 1948 to July 6 1948and that I last saw him alive on July 6 1948

Immediate cause of death

Uremic Coma &Diabetic acidosisDue to arterio Sclerotic Cardio-vasc. Renal Disease

Due to

Other conditions Diabetes mellitus& acidosis

(Include pregnancy within 8 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury Injured at work?

23. SIGNATURE Edridge H. WheltonAddress Cambridge, Md. M. D. or otherDate signed 7-6-48

DURATION

2 days2 days1 year +4 days +

RECEIVED

JUL 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

07215

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Pine St.
 Now long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)
 State Maryland County Dorchester
 City or town Cambridge, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 217 Cedar St
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Hattie Mae Perry

3. (b) Social Security Number

4. Sex Female 5. Color or race Negro 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Jan 16, 1890 8. (c) If alive, give age 65 years8. AGE: Years 58 Months 6 Days 8 If less than one day
 hrs. min.9. Birthplace Cordtown Md. (Dorchester)
 (Town, county, and state)10. Usual occupation Domestic

11. Industry or business

FATHER 12. Name Edward Hackett
 13. Birthplace Maryland Dorchester CoMOTHER 14. Maiden name Mary A. Pinder
 15. Birthplace Dorchester Co.18. Informant Robert Perry
 Address Cedar St Cambridge Md17. Burial, cremation, or removal. Which? Burial Date thereof July 29, 1948
 (month) (day) (year)Cemetery or crematory Cemetery
 Location Bethel Cambridge Md.18. Funeral director Lewis H. Brydson
 Address Cambridge Md.19. July 29, 1948 1 John Mace, Jr. M.D. Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25, 1948 at 7:15 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
June 28, 1948 to July 25, 1948
 and that I last saw him alive on July 25, 1948

Immediate cause of death

Constrictive heart failure
arteriosclerotic heart disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

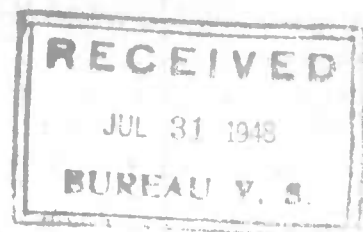
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Mace, Jr. M. D. or otherAddress Cambridge MD Date signed 7-27-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07216

Reg. Dist. No. 116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? One Hour

Hospital, institution, or street address where death occurred:

Boat-Cambridge Yacht ClubHow long in hospital or institution? - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn Infants give residence of mother)

State Maryland County DorchesterCity or town Rura-Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. RFD # 3

(If rural, give LOCATION)

2.(a) If veteran, name war - - - -

3.(a) FULL NAME

James Byron Richardson, Jr.

3.(b) Social Security Number

- - - -

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single6.(b) Name of husband or wife - - - -7. Birth date of deceased (mo., day, Yr.) April 9, 19356.(c) If alive, give age - - - - years8. AGE: Years 13 Months 3 Days 4 If less than one day - - - - hrs. - - - - min.9. Birthplace Cambridge, Dor. Co., Md.
(Town, county, and state)10. Usual occupation - - - -11. Industry or business - - - -12. Name James B. Richardson13. Birthplace Maryland14. Maiden name Generva Jones15. Birthplace Maryland16. Informant Mr. James B. RichardsonAddress RFD # 3, Cambridge, Maryland17. Burial Date thereof July 25, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Richardson Family CemeteryLocation RFD # 3, Cambridge, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland19. 7/28/48 1948 John K. Jr. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1948, 1:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from - - - - 19- - - - to - - - - 19- - - -and that I last saw h. - - - - alive on - - - - 19- - - -Immediate cause of death Lightning

DURATION

X XDue to - - - -Due to - - - -Other conditions - - - -

(Include pregnancy within 3 months of death)

Major findings of operations - - - -Date of op. - - - -Autopsy results - - - -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of July 23/48Where did injury occur? Cambridge, Dor. Co., Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) near Yacht ClubMeans of injury Lightning Injured at work? - No23. SIGNATURE John K. Jr. Dep. Med. Exam.

M. D. or other

Address Cambridge, Md. Date signed July 25/48

RECEIVED

JUL 29 1948

BUREAU 7. 8.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131a

07217

Reg. Dist. No. 115

1. PLACE OF DEATH:

County CarrollCity or town Hooperville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred:
Home -How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarrollCity or town Hooperville
(If outside city or town limits, write RURAL and give nearest town)Street No. near Brady St
(If rural, give LOCATION)2.(a) If veteran, name war no

3. (a) FULL NAME

Oda Thomas Elizabeth Ross

3. (b) Social Security Number

212-18-63874. Sex Female5. Color or race white6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Mr. Bailey Ross6. (c) If alive, give age — years7. Birth date of deceased (mo., day, yr.) Feb. 11 - 18838. AGE: Years 65 Months 5 Days 25 If less than one day

hrs. min.

9. Birthplace Hooperville, Md
(Town, county, and state)10. Usual occupation Superintendent11. Industry or business Seafood12. Name John Jones13. Birthplace Hooperville, Md14. Maiden name Mary Salade15. Birthplace Hooperville, Md16. Informant Bernice HanesAddress Hooperville17. Burial (Burial, cremation, or removal. Which?) BurialDate thereof July 11 19x8
(month) (day) (year)Cemetery or crematory Hooperville, MdLocation Hooperville, Md19. Funeral director L. H. BayneumAddress Cambridge, Md19. July 8/ 19x8 James W. Meace
(Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6 19x8 at 10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 19x8 to July 6 19x8and that I last saw him alive on July 6 19x8Immediate cause of death Cancer of Renal Vascular Disease - adenoma

DURATION

Due to 10 yrsDue to 3 weeksOther conditions Heart Failure

(Include pregnancy within 3 months of death)

Major findings of operations XAutopsy results X

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide X Date of XWhere did injury occur? X (City or town) (County) (State)Injured at home, farm, industry, public place (where?) XMeans of Injury X Injured at work? X23. SIGNATURE James W. Meace M.D.Address 207 Belvedere Ave Cambridge MdDate signed July 7/8

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

A FORM PREPARED BY THE DEPARTMENT OF HEALTH

REPORT MADE BY THE DEPARTMENT OF HEALTH

RECEIVED

JUL 13 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07218

1. PLACE OF DEATH:

County Dorchester
 City or town Cambridge Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 months, 1 day

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 3 months, 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County KentCity or town Millington
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Annie Otella Smith

3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

femalewhitewidowed6. (b) Name of husband or wife Hyland Pennington Smith

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 18678. AGE: Years Months Days If less than one day
81 _____ hrs. _____ min.9. Birthplace Kent County, Maryland
(Town, county, and state)10. Usual occupation housewife

11. Industry or business _____

12. Name Benjamin Solloway13. Birthplace Kent County, Md.14. Maiden name Emily England15. Birthplace Kent County, Md.16. Informant Eastern Shore State Hospital RecordsAddress Cambridge, Md.17. Burial Date thereof July 4, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory ChathamLocation Chatham Maryland18. Funeral director Marvin V. WilliamsAddress Chatham Ind.19. July 1, 48 John Mace Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 1 19 48 at 5 a.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 31 19 48 to July 1 19 48 and that I last saw her alive on July 1 19 48Immediate cause of death Bronchopneumonia DURATION 3 days

Due to _____

Due to Senile PsychosisOther conditions Arteriosclerotic cardiovascular disease.
(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

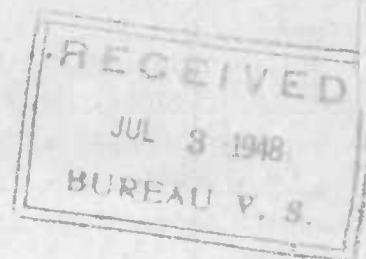
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Grace M. Branscombe
Grace M. Branscombe, M.D. or other
Address Cambridge, Maryland Date signed 7/1/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

50

CERTIFICATE OF DEATH

07219 / 1 / 1
Reg. Dist. No.

1. PLACE OF DEATH:

County Dorchester
City or town East New Market
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Dorchester
City or town East New Market
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mollie Ann Smith

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife

8. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 27 18658. AGE: Years 83 Months 5 Days 26 If less than one day hrs. min.9. Birthplace Md
(Town, county, and state)10. Usual occupation House work

11. Industry or business

12. Name John Page13. Birthplace Md14. Maiden name Elizabeth Corkran15. Birthplace Md16. Informant Oliver SmithAddress Laurel17. Buried Date thereof July 26 1948

(Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory CemeteryLocation East New Market18. Funeral director W.B. KilboughAddress East New Market19. July 25 1948 Elizabeth C. Smith

(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 19 48 at 10 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1945 19 45 to July 22 19 48and that I last saw her alive on July 22 19 48Immediate cause of death IntestinalhemorrhageDue to Probably colonic cancercarcinoma right breastDue to 1 dayOther conditions High blood pressure

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Signature R.D. Brown, M.D.Address East New MarketDate signed 7/24/48M. D. or other Md

MARGIN RESERVED FOR BINDING

VS A15

9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The doctor's age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 31 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

116

1. PLACE OF DEATH:

County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Willis Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)Street No. Willis Street

(If rural, give LOCATION)

2. (a) If veteran, name war World War 1

3. (a) FULL NAME

Millard A. Stephens

3. (b) Social Security Number

220-10-6733

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>Male</u>	<u>White</u>	<u>Married</u>

6. (b) Name of husband or wife Mary Kennedy

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1894

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>5</u>	<u>1</u> hrs. min.

9. Birthplace RFD # 2, Cambridge, Maryland
(Town, county, and State)10. Usual occupation Waterman11. Industry or business Seafood12. Name Henry G. Stephens13. Birthplace Maryland14. Maiden name Lillie E. Slacum15. Birthplace Maryland16. Informant Mr. Harry E. StephensAddress Cambridge, Maryland17. Burial Date thereof July 22, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Greenlawn CemeteryLocation Cambridge, Maryland18. Funeral director LE Compt's Funeral ServiceAddress Cambridge, Maryland19. 7/28 1948 John M. J. m.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1948, at 4:20 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20 1948 to July 20 1948 and that I last saw him alive on July 20 1948Immediate cause of death Acute Coronary Thrombosis

DURATION

2 hours

Due to

Due to

Other conditions None

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [Signature] M. D. or otherAddress Cambridge, Md. Date signed July 22, 1948

RECEIVED

JUL 29 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 072216

1. PLACE OF DEATH:

County Dorchester
 City or town Rural Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1yr. 2mos. 23days.
 Hospital, institution, or street address where death occurred:
Eastern Shore State Hospital
 How long in hospital or institution? 1yr. 2mos. 23days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
 City or town Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 238 Race Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war nil

3. (a) FULL NAME

IDA Suran

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow
 6.(b) Name of husband or wife James A. Suran
 7. Birth date of deceased (mo., day, yr.) (Unknown) MAY 30, 1856
 6.(c) If alive, give age _____ years
 8. AGE: Years 92 Months 2 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Dorchester County, Maryland
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Nne
 12. Name August Tall
 13. Birthplace Unknown
 14. Maiden name Susan Smith
 15. Birthplace Unknown

16. Informant Records of Eastern Shore State Hosp.
 Address Rural Cambridge
 17. Burial Date thereof Aug. 2, 1948
 (Burial, cremation, or removal. Which?) (Month) (day) (year)
 Cemetery or crematory Baltimore Cemetery
 Location Baltimore, Maryland
 18. Funeral director LeCompte's Funeral Service
 Address Cambridge, Maryland.

19. July 31, 1948 John Mace Jr. M.D.
 Date rec'd by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31st 19 48 at 8:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 7th 1947 to July 31 19 48
 and that I last saw him/her alive on July 31st 1948

Immediate cause of death Myocardial failure with
cardio-vascular disease
 Due to Arteriosclerosis

DURATION
10yrs
15yrs

Due to Senility and debilitation 10yrs

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

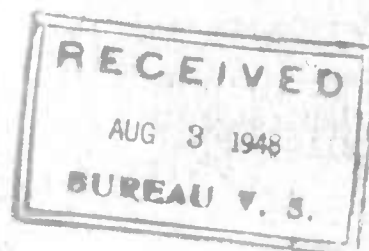
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Robert Bertrand May, M.D.
 M. D. of Other _____

Address Cambridge, Maryland Date signed 7-31-48

1948-7-31
92-2-1
1856-5-30



PLEASE WRITE PLAINLY, WITH UNFAINTING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

134a

07222
116

Reg. Dist. No.

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 Days
Hospital, institution, or street address where death occurred:
Cambridge Maryland Hospital
How long in hospital or institution? 10 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Rural-Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. RFD # 3--Lloyds
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3.(a) FULL NAME
Nemiah H. Wheatley

3.(b) Social Security Number
-

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Mary Frances Greenwell
6.(c) If alive, give age 74 years
7. Birth date of deceased (mo., day, yr.) Oct. 21, 1874
8. AGE: Years 73 Months 9 Days 8 If less than one dayhrs.min.

9. Birthplace Cambridge, RFD # 3, Maryland
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Dirt
12. Name John Wheatley
13. Birthplace Maryland
14. Maiden name Henreitta Palmer
15. Birthplace Maryland

16. Informant Mrs. Sadie Woolford
Address RFD # 3, Cambridge, Maryland
17. Burial Aug. 1, 1948
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory Speddens Cemetery
Location James, Dor. Co., Maryland
18. Funeral director LeCompte's Funeral Service
Address Cambridge, Maryland.

19. John M. J. M.
(Date rec'd by registrar) 19 7-31-48 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29, 1948 at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 11 to July 29, 1948
and that I last saw him alive on July 29, 1948

Immediate cause of death
uremia
myocardial failure
Benign Prostatic Hypertrophy
Due to
Due to
Other conditions nephrolithiasis
acute retention
(Include pregnancy within 3 months of death)

DURATION
6 days
12 hours
1 year
2 weeks

Major findings of operations Benign Prostatic Hypertrophy with stones in prostate Date of op. 7-23-48
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Eldridge A. Wheatley
Address Cambridge, Md. Date signed 7-31-48

RECEIVED

AUG 4 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

07223

1. PLACE OF DEATH:

County..... Dorchester
 City or town..... Cambridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 years
 Hospital, institution, or street address where death occurred:
Cambridge Md. Hospital
 How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... Maryland County..... Dorchester
 City or town..... 108 Academy St
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Cambridge, Md.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Virgie May Wheatly

3. (b) Social Security Number

220-01-7936

4. Sex..... Female 5. Color or race..... white 6.(a) Single, married, widowed, or divorced..... married
 6.(b) Name of husband or wife..... T. James Wheatly 6.(c) If alive, give age..... 56 years
 7. Birth date of deceased (mo., day, yr.)..... Dec 22-1894
 8. AGE: Years..... 53 Months..... 6 Days..... 24 If less than one day..... hrs..... min.....

9. Birthplace..... Dorchester Co.
 (Town, county, and state)
 10. Usual occupation..... Seamstress, Shirt Factory

11. Industry or business

James A. Seward
 12. Name..... Dor Co
 13. Birthplace..... Maurice Shivers
 14. Maiden name..... Dor Co
 15. Birthplace.....

16. Informant..... T. James Wheatly
 Address..... Cambridge, Md

17. Burial Date thereof..... July 19-1948
 (Burial, cremation, or removal. Which?)
 Cemetery or crematorium..... Dorchester Memorial Park
 Location..... Cambridge, Md.

18. Funeral director..... Bennett R. Shivers
 Address..... Cambridge, Md

19. July 19, 1948 x B John Mace, J. M.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... July 17 19 48 at 9 M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 16 19 48 to July 17 19 48
 and that I last saw him alive on July 16 19 48

Immediate cause of death..... Diabetic acidosis
with coma
 Due to..... Diabetic mellitus
uncontrolled
 Due to.....
 Other conditions.....

DURATION

36 hours24-7

(Include pregnancy within 3 months of death)

Major findings of operations..... none
 Date of op.....
 Autopsy results..... none
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?..... (City or town)..... (County)..... (State).....
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....

23. SIGNATURE..... Eldridge H. Jeffers
Cambridge, Md. M. D. or other
 Address..... Date signed..... 7-17-48

RECEIVED

JUL 20 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07224

1. PLACE OF DEATH:
County Dorchester
City or town Rural-Salem
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 Years
Hospital, institution, or street address where death occurred:
Rural-Salem
How long in hospital or institution? - - - -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Rural-Salem
(If outside city or town limits, write RURAL and give nearest town)
Street No. Salem
(If rural, give LOCATION)
2.(a) If veteran, name war - - - -

3. (a) FULL NAME James Hamilton Willey

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Lucy McGrath (Died 1900)
Edith Layton 6. (c) If alive, give age 75 years
7. Birth date of deceased (mo., day, yr.) Nov. 23, 1870
8. AGE: Years 77 Months 7 Days 25 If less than one day
.....hrs.min.

9. Birthplace Sewards, Dor. Co., Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business II

12. Name James Willey
13. Birthplace Maryland
14. Maiden name Dorothy (Willey)
15. Birthplace Maryland

16. Informant Mrs. James Willey
Address Salem, Dor. Co., Maryland.

17. Burial Date thereof July 21, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Dorchester Memorial Park
Location Cambridge, Maryland

18. Funeral director LeCompte's Funeral Service
Address Cambridge, Maryland.

19. July 22, 1948 John Mace, Jr. M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18, 1948 at 4:50 P.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
January 16, 1947 to July 18, 1948
and that I last saw him alive on July 18, 1948

Immediate cause of death
Myocardial Failure
Cerebral Hemorrhage
Due to Arteriosclerotic Nephritis
Due to Arteriosclerotic Heart Disease
Other conditions Left partial hemiplegia
(Include pregnancy within 3 months of death)

DURATION
2 days
7 days
Unknown
Unknown

Major findings of operations
Antopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE Lawrence Maryanov, M.D.
Address 136 Race Street, Cambridge, Md. Date Signed 7-20-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 24 1948

BUREAU W. S.

Evidence for change of
birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

PLM No. G 116 JUL 26 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 176

1. PLACE OF DEATH:

County Dorchester
City or town Cambridge R.F.D. #1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 21 Years
Hospital, institution, or street address where death occurred:
R.F.D. #1 Cambridge, Md.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester
City or town R.F.D. No. 1 Cambridge, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.F.D. #1 Cambridge
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Ada Wilson

3. (b) Social Security Number

4. Sex F. 5. Color or race Negro 9. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Ernest Wilson 8. (c) If alive, give age 20 years
7. Birth date of deceased (mo., day, yr.) Nov. 22, 1924
8. AGE: Years 23 Months 8 Days 6 If less than one day
.....hrs.min.

9. Birthplace Church Creek, Dorchester, Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER 12. Name James E. Banks
13. Birthplace Church Creek

MOTHER 14. Maiden name Rita Brannock
15. Birthplace Church Creek

16. Informant James E. Banks
Address R.F.D. #1 Cambridge, Md.

17. Burial, cremation, or removal, Which? Beckwith Neck Date thereof July 18, 1948
(month) (day) (year)
Cemetery or crematory Beckwith Neck
Location Beckwith Neck

19. Funeral director Lewis H. Bayneum
Address Cambridge, Maryland

20. Date rec'd by registrar July 19, 1948 Registrar John Mace, Jr., M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 19 48 at 2:Am M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 10 19 48 to July 15 19 48
and that I last saw her alive on July 10 19 48

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work

SIGNATURE Edwin Fawcett M. D. or other
Address Cambridge Md. Date signed 7-17-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 20 1948

BUREAU

RECEIVED

JUL 20 1948

BUREAU V. S.